

Fig. 2.—A-P view. Several of the cysts outlined with ink.

over both lungs, front as well as back; auscultation, expiratory murmur a little prolonged over the whole chest, no râles heard; voice sounds a little higher pitched over the right lower.

Heart: Dullness not increased; sounds clear and regular: pulse, 96; blood pressure, 120/100; no dilated veins; no cyanosis.

Abdomen: Flat, soft, symmetrical, no masses, no tenderness, no fluid.

Genito-urinary: Not remarkable; urine negative.

Extremities: No edema, no dilated veins, reflexes normal.

This clinical picture of empysema in a young man without previous history of asthma seemed most unusual; accordingly an x-ray film was taken with the following outcome:

"Stereoscopic chest films show a great many annular shadows in the lungs. The right lower lobe is filled with these shadows. All more or less spherical, overlapping and pressing upon one another; thin-walled, like the conglomerate shadow of a group of soap bubbles. They are also grouped around the right lung root, even in the upper lobe.

"There are a number in the left lobe; much of the lower left lobe is emphysematous, showing no lung detail. No doubt this region is filled by lesions with such thin walls that they hardly show on the films.

"This is a case of multiple, non-expansile, congenital cysts of the lungs. All connect freely with the bronchi, as none of them contain bronchial fluid or infected material.

"The upper lobes show very little involvement, and are relatively clear.

"A little secondary pleurisy over the bases."

Treatment.—The patient reported great relief of symptoms when taking small doses of ephedrin and amylal three times aday.

1127 Eleventh Street.
1027 Tenth Street.

Yet all experience is an arch where through
Gleams that untraveled world whose margin fades
Forever and forever when I move.

—Alfred Tennyson.

A PRACTICAL LAMP FOR THE MICROSCOPE

By H. H. PARSONS, M.D.

Fort McClellan, Alabama

ARTIFICIAL lighting for the microscope is in almost universal use, as it is constant, uniform in intensity, and generally available.

The box type of light is useful, but requires frequent resetting; and if one wishes to use the microscope at an angle, in order to be comfortable while working, the mirror has to be readjusted for any small change in position of the microscope. In order to obviate this frequent adjustment of the mirror, I devised the light about to be described, and for the past two years have used it with much satisfaction. The light is attached to the microscope stage and moves with it, so that no matter what position the microscope is in, the light always travels with it; consequently no adjustment of light or mirror other than the original setting is needed.

The device consists of a piece of aluminum plate, 2 by 4 inches in size, and thick enough to be rigid.

A hole, $1\frac{1}{8}$ inch in diameter, is bored or cut in the front end, $1\frac{1}{2}$ inch back, through which the base of a 25 or 40 watt, round electric-light bulb is inserted, when the socket is screwed onto the light base. A ten-foot extension cord is used.

The posterior end is shaved down to allow it to fit the curve of the Abbé condenser, and a screw hole made on each side for machine screws.

Two holes are bored in the undersurface of the microscope stage, to correspond with the holes in the aluminum plate, but are not allowed to perforate the upper surface. These holes are then threaded for the type of machine screws used. The corners of the aluminum plate are rounded off. It is advisable to insulate the brass base of the electric-light bulb from the aluminum hole, and a little adhesive tape will do this. The light should fit snugly in the hole, so that it will not wobble.

For student use, this lamp could be made readily detachable.

The accompanying diagram may be used as a template in making the device.

The Station Hospital.

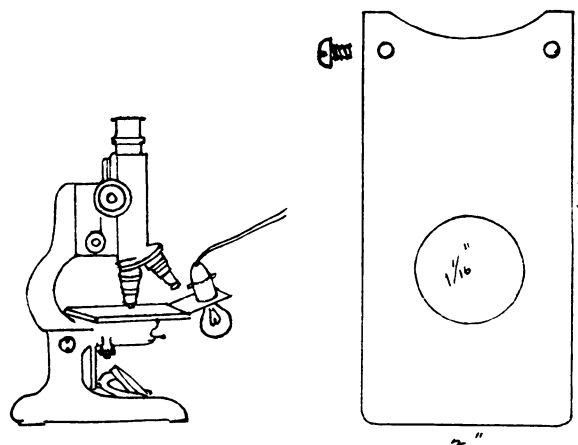


Fig. 1.—A practical lamp for the microscope.